related hospitalization and patient follow-up was calculated based on data from statistics of the Hospital Remuneration System, the G-DRG hospital payment scheme and the office-based doctors' fee scale. The cost caused due to recovery and disability was estimated based on information from the Federal Statistical Office and data of the Federal Health Reporting. Experts were interviewed to provide follow-up resource use information. **RESULTS:** A total of 78,229 hospitalized leiomyoma-related cases were treated in year 2009. 80% were hysterectomies, 14% myomectomies and 6% were related to other therapies. Concerning the therapy cost per patient, hysterectomy reveals the highest therapy cost, (€5913) followed by myomectomy (€5793), UAE (€4675) and MR-HIFU (€4311). In a scenario without MR-HIFU the cost per case accrued to a total of €5840. The budget impact analyse targeting a patient group between 30 and 45 years of age, reveals a potential cost-benefit of €1529 per patient if MR-HIFU would be introduced in the SHI system. **CONCLUSIONS:** Our results suggest that MR-HIFU due to the administration in the outpatient sector, the low complication rate and the low disability cost should be considered as a cost-favourable alternative for the therapy of uterine fibroids.

PSU11

MEDICO-ECONOMIC ANALYSIS OF THE IMPACT OF MALNUTRITION ON THE POST-OPERATIVE COURSE OF COLORECTAL CANCER PATIENTS

Preaud E[1], Melchior JC[2], Carles J[3], Brami M[4], Duru G[5], Fontaine E[6], Hébuterne X[7], Lukacs B[8], Zazzo JF[9], Panis Y[10], Nitenberg G[11]

[1]*Mapi Values, Lyon, France,* [2]*R. Poincaré Hospital, APHP, Garches, France,* [3]*JNB-Développement, Paris, France,* [4]*Technical Agency for Information about Hospitalization, Paris, France,* [5]*Cyklad Group, Rilleux la Pape, France,* [6]*University Hospital Center, Grenoble, France,* [7]*University Hospital Center, Nice, France,* [8]*Tenon Hospital, APHP, Paris, France,* [9]*Antoine-Béclère Hospital, APHP, CLAMART , France,* [10]*Beaujon Hospital, APHP, Clichy, France, Paris* [11]*University, Paris, France*

OBJECTIVES: The aim of this study was to assess the clinical and economic impact of malnutrition in post-surgery colorectal cancer patients. **METHODS:** We performed post-hoc analyses of the data collected in the Alves and al* prospective study. The following criteria for malnutrition were used: weight loss >10% in the 6 months pre-surgery and/or BMI<18.5 (pts <70 years) or <21 (pts ≥70 years). 2 groups (gps) were created a posteriori: Well-Nourished (WN) and Malnourished (MN) pts. Postoperative morbidity, mortality, hospital length-of-stay (LOS), and hospital discharge setting were compared between the 2 gps. Individual costs were valued using the French National Cost Study. We defined 3 scenarios: the most accurate estimate and the upper and lower possible limits of this estimate. The economic impact of malnutrition was assessed by calculating the difference in cost per hospital stay between MN and WN pts. **RESULTS:** A total of 762 pts were included in the analyses. Gps had the same characteristics, except more MN pts underwent emergent surgery. Complication rate was not significantly different between the 2 gps; mortality was higher in MN pts (7.4% vs. 4.1%, p=0.056) and MN pts had a mean LOS 3.1 days longer than WN pts (p=0.004). A greater proportion of MN pts could not be discharged and were referred to another facility (69.6% vs. 54.2%, p=0.027). Malnutrition impacts the cost per hospital stay by about 3154€ per patient (most accurate estimate), creating an annual impact of 9,572,770€ for French public hospitals. **CONCLUSIONS:** Malnutrition in colorectal cancer surgical pts is associated with a significant increase of LOS and delays returning home following hospitalization; both have significant budget impact. Prospective studies are needed to further investigate this impact and related cost-benefit of (specialized) nutritional support in this homogeneous category of patients.

PSU12

ESTIMATING COST AND RESOURCE USE FOR WHOLE BRAIN RADIATION VERSUS STEREOTACTIC RADIOSURGERY TREATMENTS AMONG BRAIN METASTASIS PATIENTS

Ganguli A[1], Dacosta Byfield S[2], Teitelbaum A[3], Ray S[1]

[1]*Abbott Laboratories, Abbott Park, IL, USA,* [2]*OptumInsight, Eden Prairie, MN, USA,* [3]*i3 Innovus, Eden Prairie, MN, USA*

OBJECTIVES: To examine real world health care utilization (HCU) and costs associated with whole brain radiation therapy (WBRT) or stereotactic radiosurgery (SRS) as the initial or only treatment of brain metastasis (BrMets). **METHODS:** A retrospective longitudinal analysis utilized claims data from a national health insurer, identifying patients ≥18 yrs with ≥2 claims ≥7 days apart for BrMets (ICD-9 198.3x) from 1/2004-4/2010. The index date was first BrMts claim date. Pre-index period of ≥6 months and ≥1 month post-index enrollment (<1 month was permitted if due to death). Patients with primary brain cancers were excluded. HCU and all-cause per-patient per-month (PPPM) costs were examined. **RESULTS:** The study included 1,901 and 303 patients who received WBRT or SRS as first or only treatment, with 179d vs. 306d follow-up, respectively. Baseline Charlson comorbidity scores were similar. Mean age at BrMets diagnosis was higher for WBRT (59yrs) vs. SRS (57yr) [p-value=0.002]. Rates of HCU (events/person-month) were higher among WBRT vs. SRS patients for office visits (5.29 vs. 3.69), ER visits (0.25 vs. 0.17), and inpatient stays (0.26 vs. 0.17); rates of outpatient visits were lower among WBRT patients (2.31 vs. 3.24) [p-value<0.001]. Total costs PPPM were higher for the SRS ($20,682) vs. WBRT cohort ($16,909) [p-value=0.005]. Outpatient costs PPPM was the major cost-driver among the SRS cohort ($8,936, 43% of total) vs. $3,192 (19% of total) for WBRT. Office costs PPPM contributed most to overall cost among WBRT ($3,428, 20% of total) vs. $3,053 (18% of total) for SRS. Pharmacy costs PPPM were higher for the SRS ($1,232) vs. WBRT cohort ($692) [p-value <0.001]. **CONCLUSIONS:** BrMets patients with SRS incurred higher cost compared to WBRT patients. SRS is recommended for BrMets patients with ≤3 lesions and WBRT in >3 lesions may explain longer survival among SRS patients. Additional studies are augmented to understand differences.

PSU13

HEALTHCARE RESOURCES UTILIZATION AND ASSOCIATED COSTS WITH SURGICAL TREATMENT OF DUPUYTRENXS DISEASE IN SPAIN

de Salas-Cansado M[1], Ramírez E[2], Pérez-de la Campa C[3], Ruiz-Antorán MB[4], Muñoz R[2], Barroso V[3], Centeno GA[4]

[1]*Pfizer Spain, Alcobendas, Madrid, Spain,* [2]*Hospital La Paz, Madrid, Spain,* [3]*Hospital Universitario de la Princesa, Madrid, Spain,* [4]*Hospital Puerta de Hierro, Majadahonda, Madrid, Spain*

OBJECTIVES: To estimate the healthcare resource utilization and their associated costs secondary to fasciectomy of Dupuytren's disease treated according with usual medical practice in public hospital centers in Spain. **METHODS:** This multicenter, observational, retrospective cohort study, extracted data through the revision of medical records of three tertiary public hospitals. Each center should recruit 40 patients which were operated for Dupuytren's disease, as principal diagnose of Minimum Data Set, in which the surgical procedure conducted was fasciectomy, during 2007-2009. To collect all the resources consumed during surgery, a healthcare resource utilization form was designed. Demographic (age, gender, occupational status), clinical (time of evolution of the pathology and comorbilities) and healthcare utilization (hospitalizations, medical visits, test, and drugs) data were collected under medical routine. Unitary costs were provided by e-SALUD and BOT data base. **RESULTS:** A total of 123 subjects (86.2% men; 35.8% active workers) were identified. 17.8% of subjects were diagnose of Dupuytren before year 2000; 8.4% between 2000-2005 and 73.8% after 2006. 81.3% of patients had at least one comorbidity, being hypertension (45%) the most frequent. 71.6% of patients were hospitalized in orthopedist (75%) and plastic surgery unit. Mean(SD) length of hospital stay was 1.5(1.1) days. 28.4% there were operated in ambulatory surgery. All the patients had follow-up visits after surgery, 27% needed physical therapy, 88% performed preoperative tests and 8% visit the emergency room after surgery. Healthcare mean costs were as follows: fasciectomy €1074(0); hospitalizations €978(743); ambulatory €186(10); follow-up visits €260(173); emergency rooms €13(53); tests €132(121); drugs €7(9); physical therapy €46(134). Total cost for patients with Dupuytren's disease treated with surgery was €2304(825). There were no significant differences between the three centers analyzed; p=0.181. **CONCLUSIONS:** This evaluation suggest that healthcare resources utilization for surgical treatment for patients with Dupuytren's disease may cost €2,304(825) per surgery (fasciectomy) treated under usual medical practice in Spain.

PSU14

COMPLICATIONS AND COSTS ASSOCIATED WITH TUBAL LIGATIONS

Brewster C[1], Howard B[2], Lage M[3]

[1]*Teva Pharmaceuticals, Kansas City, MO, USA,* [2]*Teva Branded Pharmaceutical Products R&D, Inc., Horsham , PA, USA,* [3]*HealthMetrics Outcomes Research, Groton, CT, USA*

OBJECTIVES: To examine changes in post-tubal ligation complications and their associated costs over time. **METHODS:** Data were obtained from the US i3 Invision™ Data Mart. Data collected spanned the period from January, 2006 through March, 2010. CPT and ICD-9 codes were used to identify patients who received a tubal ligation as well as a post-tubal ligation complication. Patients were also subcategorized based upon year of tubal ligation (2007, 2008, or 2009) in order to examine if there were any noticeable trends over time. **RESULTS:** There were 15,169 women under age 50 who received a tubal ligation and had continuous insurance coverage in the 1 year post-tubal ligation. The mean age at tubal ligation was 35.26 years (SD=5.46) with 10.46% having tubal ligation at the time of a pregnancy. Overall, 21.68% (n=3,288) of women experienced at least 1 complication, with the most common being heavy menstrual bleeding (n=2,190, 14.44%) and surgical complications (n=729, 4.81%). When assessing changes in complications from 2007-2009, diagnoses of heavy menstrual bleeding (p=0.0003), sepsis (p=0.0392), surgical complications (p=0.0240), and any complication (p<0.0001) all showed statistically significant increases over time. Of all women who had a tubal ligation, charges associated with the tubal ligation did not increase significantly from 2007-2009; however, the charge associated with complications did show a statistically significant increase over the same time period. The average charge for women who experienced a complication (n=3,228) was $37,425 (SD=$68,249). **CONCLUSIONS:** A substantial number of women experience post-tubal ligation complications and the charges associated with these complications have increased significantly over time.

PSU15

THE ECONOMIC BURDEN OF POST-TRANSPLANT EVENTS IN RENAL TRANSPLANT PATIENTS IN UK, ITALY, NETHERLANDS, POLAND AND BELGIUM

Sennfalt K[1], Ling C[2], Pericleous L[3], Sbarigia U[4], Gatta F[5], Kolasa K[6], Zagorska A[6], Chamberlain G[2], Pandit P[7]

[1]*Bristol-Myers Squibb International Corporation, Rueil-Malmaison, France,* [2]*Cardiff Research Consortium Ltd, Cardiff, UK,* [3]*Bristol-Myers Squibb UK, Middlesex, UK,* [4]*Bristol-Myers Squibb International Corporation, Braine - L'Alleud, Belgium,* [5]*Bristol-Myers Squibb Italy, Rome, Italy,* [6]*Bristol-Myers Squibb Poland, Warszawa, Poland,* [7]*Cardiff Research Consortium, Capita India, Mumbai, India*

OBJECTIVES: There are limited data currently available regarding the prevalence of post-transplant events and associated resource utilization in renal transplant patients in clinical practice. This study aims to describe the healthcare resource utilization and costs of managing patients after renal transplantation, stratified by relative graft functioning status, using observational data from relevant databases and physician questionnaires from transplant centres across Europe. **METHODS:** Data from renal databases in Cardiff and Leuven University Hospitals have been analysed to assess 3-year post-transplant resource use in the UK and Belgium, respectively. Similar data have been derived from questionnaires administered in